

Clinical Quality Management Plan:

April 2020-March 2023

California Department of Public Health, Office of AIDS
Health Resources and Services Administration
Ryan White HIV/AIDS Program Part B
Clinical Quality Management Program

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Introduction

The California Department of Public Health (CDPH), Office of AIDS (OA), Health Resources and Services Administration (HRSA), Ryan White HIV/AIDS Program (RWHAP) Part B, Clinical Quality Management (CQM) program coordinates activities aimed at improving care, health outcomes, and satisfaction for Californians served by the RWHAP Part B grant.

CQM activities focus on programs and services funded by RWHAP Part B, which includes OA's HIV Care Program (HCP), AIDS Drug Assistance Program (ADAP), Minority AIDS Initiative (MAI), and Emerging Communities (EC).

HCP sub-recipients who provide RWHAP Part B services participate in the CQM program. HCP sub-recipients include 38 HCP-funded agencies that are critical to the success of the CQM program. HCP sub-recipients are local health jurisdictions or community-based organizations contracted to provide a range of HIV core medical and supportive services. HCP sub-recipients fall under three categories: (1) sub-recipients who do not provide direct services but contract with service providers; (2) sub-recipients who provide direct services and do not contract with service providers; and (3) sub-recipients who provide direct services and contract with service providers. See Appendix A for a [list of RWHAP Part B Sub-recipients](#).

ADAP contractors also contribute to the CQM program activities as directed by OA. ADAP contractors include: (1) Over 200 enrollment sites who enroll eligible clients into ADAP; (2) a pharmacy benefits manager who provides pharmacy benefits management services for ADAP clients; and (3) an insurance and medical benefits manager who remits health insurance premium payments and medical out-of-pocket payments for eligible clients.

RWHAP legislation mandates the establishment of a CQM program to “assess the extent to which

HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS and related opportunistic infection, and as applicable, to develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV health services.”

OA's CQM plan is a living document that describes all aspects of the CQM program including goals, infrastructure, performance measures, quality improvement (QI) activities, and evaluation of the CQM program. OA will revise the CQM plan at least every three years. The plan may be revised and updated more frequently based on findings from QI activities or new HRSA policies.

Vision

We envision a California where HIV services are continuously improved and provided equitably to end the HIV epidemic.

Mission

The OA RWHAP Part B CQM program works to continuously improve patient care, health outcomes, and satisfaction among Californians with HIV by conducting QI activities and providing CQM capacity building for key stakeholders.

Values

Health Equity

We believe all Californians living with HIV should achieve their full health potential regardless of race, ethnicity, socioeconomic status, gender identity or expression, religion, sexual orientation, national origin, medical condition, or other socially determined circumstances.

Innovation

We value innovation to improve the health of all Californians living with HIV. We support organizations that develop novel approaches to

engage people marginalized by the healthcare system. We encourage proactive responses to changes in the healthcare landscape. We promote incorporating advances in HIV treatment to improve HIV care.

Partnership

We value the experience-driven recommendations of people who use Ryan White services, the guidance of our federal funders, and the programmatic expertise of local partners. By collaborating with these entities, as well as other RWHAP-funded organizations, we serve the needs of all Californians living with HIV.

Empowerment

We prioritize person-centered solutions that empower people living with HIV, CQM partners, stakeholders, and the community. We value input from people who use RWHAP services in all aspects of CQM.

Accountability

We hold ourselves accountable to Californians living with HIV and our stakeholders. We are committed to transparency, providing timely feedback, showing improvements over time, and regularly assessing our advancement towards goals, commitments, and responsibilities.

CQM Program Goals:

- Goal 1:** Support ongoing assessments of patient care, health outcomes, and satisfaction data
- Goal 2:** Implement QI projects informed by data
- Goal 3:** Increase statewide CQM capacity through collaborative planning, coordination, and technical assistance
- Goal 4:** Ensure people living with HIV are actively involved in CQM planning and activities

The CQM goals are informed by the following:

- The HRSA, HIV/AIDS Bureau (HAB) [Policy Clarification Notice 15-02](#) and corresponding [FAQ document](#), which can also be found at <https://ryanwhite.hrsa.gov/grants/policy-notice>.
- Results from the *Center for Quality Improvement and Innovation (CQII) Part B Organizational Assessment Tool*. The CQM program completes the tool annually.

Applicability to HCP Sub-Recipients:

HCP sub-recipients are required to implement CQM activities as directed by OA's CQM plan. As such, OA does not require HCP sub-recipients to develop and submit agency-specific CQM plans for RWHAP Part B activities. However, as a best practice, HCP sub-recipients may choose to develop and implement agency-specific CQM plans.

OA has identified the minimum CQM activities that HCP sub-recipients are required to conduct based on a three-track system. The tracks are based on each sub-recipients' HCP allocation amount and other RWHAP Parts funding. Refer to Appendix B for [HCP sub-recipients' minimum CQM requirements by track](#).

HCP sub-recipients that contract with service providers are required to have a process in place to communicate the HCP CQM requirements to the contracted service provider.

Note: HCP sub-recipients that are also RWHAP Part A, C, or D direct recipients are required by HRSA to have their own individual CQM plans.

Infrastructure

Appropriate and sufficient infrastructure is needed to make the CQM program successful and sustainable. OA's CQM infrastructure consists of leadership, a CQM committee, and stakeholders who together plan, implement, and inform CQM program activities.

Leadership

The following OA leaders (herein referred to as CQM management sponsors) guide, endorse, support, and champion the CQM program:

- Chief of the Office of AIDS
- Office of AIDS Medical Officer
- Chief of the HIV Care Branch
- Chief of the ADAP Branch
- Chief of the ADAP & Care Evaluation and Informatics Branch
 - Chief of ADAP Fiscal Forecasting, Evaluation, and Monitoring Section
 - Chief of Care Evaluation and Monitoring Section

CQM Committee

The purpose of the CQM Committee is to provide input, oversight, and facilitation of California's RWHAP Part B CQM plan. Each member serves an important role in ensuring accountability, identifying gaps in care, fostering collaboration, and sharing of knowledge.

The CQM Committee includes members from various program areas within OA and CDPH. Committee membership will be evaluated every three years or more frequently as needed and changed accordingly.

The CQM Committee meets on a monthly basis. Every quarter, the CQM Committee members

review CQM performance measurement data and make recommendations.

CQM Core Team

The CQM Core Team (herein referred to as "Team Kaizen") consists of staff tasked with developing and implementing CQM work plan activities, including CQM program implementation, monitoring sub-recipients, data collection and analysis, evaluation, and capacity building.

The CQM work plan defines activities, including timelines and responsible staff assigned to the activity needed to achieve the CQM program goals. Team Kaizen is responsible for the development and implementation of the work plan, including providing activity updates to stakeholders. The work plan is a document internal to OA.

Team Kaizen members include:

- Office of AIDS Medical Officer
- RWHAP Part B CQM Coordinator
- ADAP and Care Evaluation and Informatics Branch Staff
- HCP and ADAP Program Staff

CQM Contractors

The CQM program may utilize contractors to implement certain CQM activities such as training in QI methodology aimed at building capacity and direct coaching during implementation of QI projects.

Applicability to HCP Sub-Recipients:

In order to support all CQM goals, HCP sub-recipients must maintain adequate infrastructure by dedicating staff and resources to conduct CQM activities at any given time.

Stakeholders

People Living with HIV (PLWH)

Involvement of people being served by the RWHAP program is important to ensure that the needs of PLWH are being addressed by CQM activities. To achieve CQM Goal 4, the CQM program has developed a plan to meaningfully engage PLWH who utilize RWHAP services in the following activities:

- Overall RWHAP Part B program and services feedback
- Performance measurement data review
- QI project selection
- QI project implementation

CDPH Stakeholders

Internal stakeholders within OA, including HCP and ADAP staff, have an opportunity to provide feedback on CQM activities in order to ensure coordinated efforts across work groups. Additionally, the RWHAP Part B CQM Coordinator and OA Medical Officer meet regularly with other CDPH programs, such as the Sexually Transmitted Disease Control Branch, Immunization Branch, and Office of Health Equity to provide updates of ongoing CQM activities and seek opportunities for collaboration.

California RWHAP Network

OA's CQM program focuses on collaboration of CQM activities across all RWHAP Parts in California, including Part A, Part C, and Part D recipients. This collaboration is supported by the RWHAP Part B CQM Coordinator and OA Medical Officer, who share Part B CQM activities with the Regional Quality Groups and the California RWHAP network. Whenever feasible, the RWHAP Part B CQM program will support other California RWHAP Parts' CQM activities.

California Planning Group (CPG)

CPG is OA's statewide planning and advisory group for HIV care and prevention activities. CPG is currently composed of members nominated by each of the RWHAP Part A Planning Councils and HIV Planning Groups in California, and at-large members. CPG membership includes people who have self-identified as living with HIV, and people who receive RWHAP (including ADAP) services. The CQM program will continue to solicit CPG members' input on various CQM activities.

Performance Measurement

Performance measurement is the process of collecting, analyzing, and reporting data regarding quality of service delivery, patient care, health outcomes, and satisfaction.

The CQM program selected performance measures that most accurately assess the services funded by the RWHAP Part B grant and reflect California HIV epidemiologic findings and identified needs of PLWH. Based on HRSA's Policy Clarification Notice 15-02 (updated November 2018), the CQM program identified and developed performance measures for service categories that meet HRSA's formula threshold.

Some of the CQM performance measures align with the HRSA/HAB core performance measures, while others were developed to reflect the unique service delivery and data collection processes specific to California RWHAP Part B program.

The following data sources are used to collect and report data for CQM program performance measurement:

- AIDS Regional Information and Evaluation System (ARIES)
- ADAP Enrollment System (AES)
- Enhanced HIV/AIDS Reporting System (eHARS)

Descriptions of these systems are available online at [OA HIV Data Systems](http://www.cdph.ca.gov/programs/cid/doa/pages/oa_hiv_data_systems.aspx) (www.cdph.ca.gov/programs/cid/doa/pages/oa_hiv_data_systems.aspx).

The current CQM performance measures are outlined in the table below and at the top of page 6 with proposed targets for 2023.

The ADAP and HCP performance measures will also be stratified to assess for disparities in certain populations. The following is a list of select priority populations, as defined by HRSA and California’s Integrated HIV Surveillance, Prevention, and Care Plan:

- American Indian/Alaska Natives
- Black/African American cis women
- Black/African Americans
- Latinx cis women
- Latinxs
- Men of color who have sex with men
- People who inject drugs

- Trans individuals
- Young adults (18–24 year olds)
- Uninsured PLWH (ADAP only)

Applicability to HCP Sub-Recipients:

In order to support CQM Goal 1, HCP sub-recipients are expected to conduct the following activities:

1. Review HCP’s performance measure data for funded HCP services at least quarterly to inform CQM activities and QI projects.
2. Collect [Ryan White HIV/AIDS Program Services Report \(RSR\) data](https://targethiv.org/library/topics/rsr) (https://targethiv.org/library/topics/rsr) for use in performance measurement of RWHAP Part B CQM program and enter data in ARIES within 14 days of service provision.

Table 1: ADAP Performance Measures

Performance Measure	Definition	Data Source	2023 Target
Viral Load Suppression ¹	Percent of enrolled ³ ADAP clients who have a viral load of <200 copies/ml at the end of the reporting period	eHARS	95%
Comprehensive Healthcare Coverage ²	Percent of enrolled ADAP clients with comprehensive insurance coverage at the end of reporting period	AES	85%

¹ Viral load suppression is determined based on the most recent eHARS data available for ADAP clients who matched with eHARS during the reporting period of interest.

² Comprehensive insurance coverage, or coverage that is compliant with the Affordable Care Act, includes both public and private insurance coverage (Medicare, Medi-Cal Share of Costs, and private insurance).

³ Enrolled ADAP clients are defined as clients that were enrolled in ADAP for at least one day during the reporting period.

Table 2: HIV Care Program Performance Measures by Highly Utilized Service Category

Service Category	Performance Measure	Definition	Data Source	2023 Target
Outpatient/ Ambulatory Health Services (OAHS)	Viral Load Suppression	Percent of HCP clients who received OAHS and were virally suppressed at their last viral load test ¹ during the reporting period	ARIES and eHARS	95%
Medical Case Management (MCM) Services	Engagement in Care - MCM	Percent of HCP clients who received MCM and had at least one medical visit or one viral load test ¹ during the reporting period	ARIES and eHARS	90%
Non-Medical Case Management (NMCM) Services	Comprehensive Healthcare Coverage	Percent of HCP clients who received NMCM and have comprehensive healthcare coverage ² at the end of reporting period	ARIES	85%
Food Bank/Home Delivered Meals (FBHDM)	Engagement in Care - FBHDM	Percent of HCP clients who received FBHDM and had at least one medical visit, or one medical case management visit, or one viral load test ¹ during the reporting period	ARIES and eHARS	90%

¹ Viral load result is based on the most recent data available in ARIES and/or eHARS data available for clients who matched with eHARS during the reporting period of interest.

² Clients are deemed to have comprehensive healthcare coverage if they report having insurance in the following categories: Covered CA/ACA, Medicare, Medi-Cal/Medicaid, Tricare, Veteran's Care or Private insurance.

Quality Improvement (QI)

QI entails the development and implementation of activities to make changes to the program in response to available quantitative and qualitative data. QI project activities should be prospectively documented, and projects must use an established QI methodology.

Selecting a QI Project

The CQM committee seeks to select QI projects aimed at improving patient care, health outcomes, and patient satisfaction. The CQM committee will

select a RWHAP Part B QI project for at least one funded service category at any given time. See Appendix C for [Process for Determining RWHAP Part B Quality Improvement Projects](#).

Methodology

Team Kaizen and HCP sub-recipients will implement and document QI activities using the Model for Improvement methodology developed by Associates in Process Improvement and endorsed by the Institute for Healthcare Improvement. This methodology was chosen as it allows for implementation of change while building knowledge sequentially with multiple

Plan-Do-Study-Act cycles for each idea. The CQM committee also uses QI tools from other methodologies such as Lean as needed. See Appendix D for the [Model for Improvement QI Roadmap](#).

Applicability to HCP Sub-Recipients:

In order to support CQM Goal 2, HCP sub-recipients are expected to implement OA- directed QI projects.

CQM Capacity Building

The CQM program values capacity building as a tool that allows the RWHAP Part B program to achieve the established CQM goals. As such, CQM staff will coordinate CQM technical assistance and QI training opportunities for HCP sub-recipients and OA staff.

HCP sub-recipients' CQM technical assistance/ training needs will be assessed through various mechanisms such as: requests in HCP sub-recipients' progress reports, performance measurement data, PLWH feedback, site visit monitoring data, training evaluations, and needs assessments.

Applicability to HCP Sub-Recipients:

In order to support all CQM goals, HCP sub-recipients are expected to participate in CQM capacity building and quality improvement trainings provided by RWHAP Part B CQM program.

Evaluation of CQM Program

Evaluating the effectiveness of the CQM program ensures that CQM activities are making changes that positively affect health outcomes. The CQM Committee will evaluate the CQM program using the CQII's [Organizational Assessment Tool for Ryan White HIV/AIDS Program Part B Grantees](#) annually (www.nationalqualitycenter.org/resources/organizational-assessment), assessing both HCP and ADAP. Team Kaizen will utilize the results of the Organizational Assessment Tool to update the CQM goals and CQM work plan.

CQM Budgeting: HCP Sub-Recipients

In order to support all CQM goals at the sub-recipient level, OA allows HCP sub-recipients to budget a reasonable portion of their HCP allocation for CQM activities. HCP sub-recipients may request to budget for CQM activities such as:

1. Staff to conduct HCP CQM activities.
2. Activities to implement an OA-directed QI project.
3. Activities to implement a QI project that is not directed by OA, but would improve outcomes for clients served by HCP funds.

Applicability to HCP Sub-Recipients:

In order to support all CQM goals, HCP sub-recipients may request to utilize a portion of their HCP allocation for CQM activities. CQM budget requests must follow Budgeting Instructions and receive approval from OA RWHAP Part B CQM Coordinator. For detailed CQM budgeting instructions, contact the assigned HCP Care Operations Advisor.

Monitoring HCP Sub-Recipients

HCP CQM staff monitors HCP sub-recipient compliance with CQM requirements through progress reports, monitoring site visits, and quarterly HCP calls, when applicable.

Applicability to HCP Sub-Recipients:

HCP sub-recipients that contract with service providers are required to have a process in place to monitor the HCP CQM requirements at the contracted service provider level.

Updates to the CQM Plan:

The CQM plan is updated at least every three years. Team Kaizen is responsible for writing the initial draft, including creating revisions and making edits. The draft is circulated among the CQM committee members and identified stakeholders for input. After receiving input, Team Kaizen finalizes the CQM plan. The CQM plan is approved by collaborating CDPH programs, Office of AIDS Division Chief, and released to stakeholders.

CQM Resources

The following resources are available to the CQM program:

- HRSA CQM Consultants
- HRSA RWHAP Center for Quality Improvement and Innovation
- Guidance Documents listed below:
 - [Title XXVI of the Public Health Service Act \(Section 2618\(b\)\(3\)\(E\)\)](https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/ryan-white-hiv-aids-program-legislation) (https://hab.hrsa.

gov/about-ryan-white-hiv-aids-program/ryan-white-hiv-aids-program-legislation)

- The [HRSA, HAB Policy Clarification Notice 15-02 and corresponding FAQ document](https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters), (https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters)
- [Target HIV Clinical Quality Management](https://targethiv.org/library/topics/clinical-quality-management) (https://targethiv.org/library/topics/clinical-quality-management)
- [HIV/AIDS Bureau Performance Measures](https://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html) (https://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html)
- [Ryan White Part B Quality Improvement Resources](http://www.cvent.com/events/2018-hiv-care-program-s-quality-improvement-training/event-summary-76bbd071e52b44519b1dfb5358f8897d.aspx) (www.cvent.com/events/2018-hiv-care-program-s-quality-improvement-training/event-summary-76bbd071e52b44519b1dfb5358f8897d.aspx)
- [Department of Health and Human Services HIV/AIDS Medical Practice Guidelines](https://aidsinfo.nih.gov/guidelines) (https://aidsinfo.nih.gov/guidelines)
- [HIV/AIDS Bureau Part B Monitoring Standards \(Part B specific, Universal Monitoring Standards, and Frequently Asked Questions\)](https://hab.hrsa.gov/manageyourgrant/granteebasics.html) (https://hab.hrsa.gov/manageyourgrant/granteebasics.html)
- [HIV/AIDS Bureau Part B Manual](https://hab.hrsa.gov/sites/default/files/hab/about/ryanwhite/habpartbmanual2013.pdf) (https://hab.hrsa.gov/sites/default/files/hab/about/ryanwhite/habpartbmanual2013.pdf)
- [HIV/AIDS Bureau ADAP Manual](https://hab.hrsa.gov/manageyourgrant/adapmanual.pdf) (https://hab.hrsa.gov/manageyourgrant/adapmanual.pdf)
- [Ending the HIV Epidemic: A Plan for America](http://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview) (www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview)
- [National HIV/AIDS Strategy \(NHAS\) for 2022-2025](https://www.hiv.gov/federal-2022-2025) (https://www.hiv.gov/federal-

response/national-hiv-aids-strategy/
national-hiv-aids-strategy-2022-2025)

- [Ending the Epidemics: Addressing HIV, Hepatitis C, and STIs in California - Integrated Statewide Strategic Plan Overview, 2022-2026](http://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/cdph_stratplan2021_final_ada.pdf) (www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/cdph_stratplan2021_final_ada.pdf)

- [Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan](http://www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/IP_2016_Final_ADA.pdf) (www.cdph.ca.gov/programs/cid/doa/cdph%20document%20library/IP_2016_Final_ADA.pdf)

- [Pacific AIDS Education and Training Center Program: California local partners](https://paetc.org/contact-us) (https://paetc.org/contact-us)

Appendices

Appendix A: RWHAP Part B Sub-Recipients

Sub-recipients who do not provide direct services but contract with service providers

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Imperial County Public Health Department 2. Los Angeles County Public Health 3. Sacramento County Department of Health and Human Services | <ol style="list-style-type: none"> 4. City and County of San Francisco Department of Public Health |
|--|---|

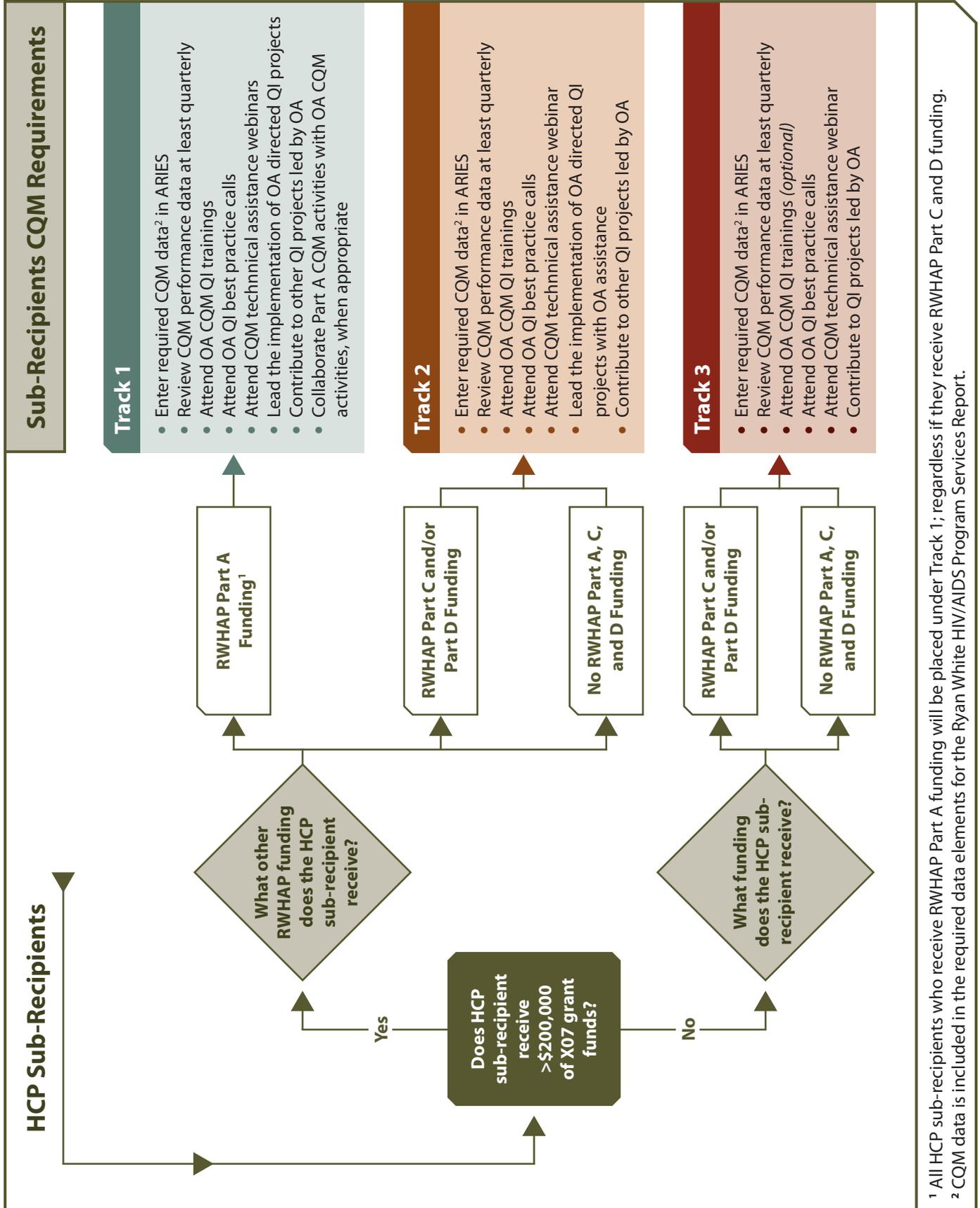
Sub-recipients who provide direct services and do not contract with service providers

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Butte County Public Health Department 2. Contra Costa Health Department 3. Humboldt County Department of Health and Human Services 4. Kings County Health Department 5. City of Long Beach Department of Health and Human Services 6. Madera County Public Health Department 7. Merced County Department of Public Health 8. Nevada County Health and Human Services Agency 9. Orange County Health Care Agency 10. San Joaquin County Public Health Services | <ol style="list-style-type: none"> 11. San Mateo County Public Health 12. Santa Barbara County Department of Public Health 13. Solano County Health and Social Services Department 14. Stanislaus County Health Services Agency 15. Ventura County Public Health 16. Access Support Network 17. Ampla Health 18. Community Medical Centers 19. John C Fremont Healthcare District 20. Community Care Management Corp. 21. Queen of the Valley Medical Center, CARE Network 22. Sierra HOPE |
|---|--|

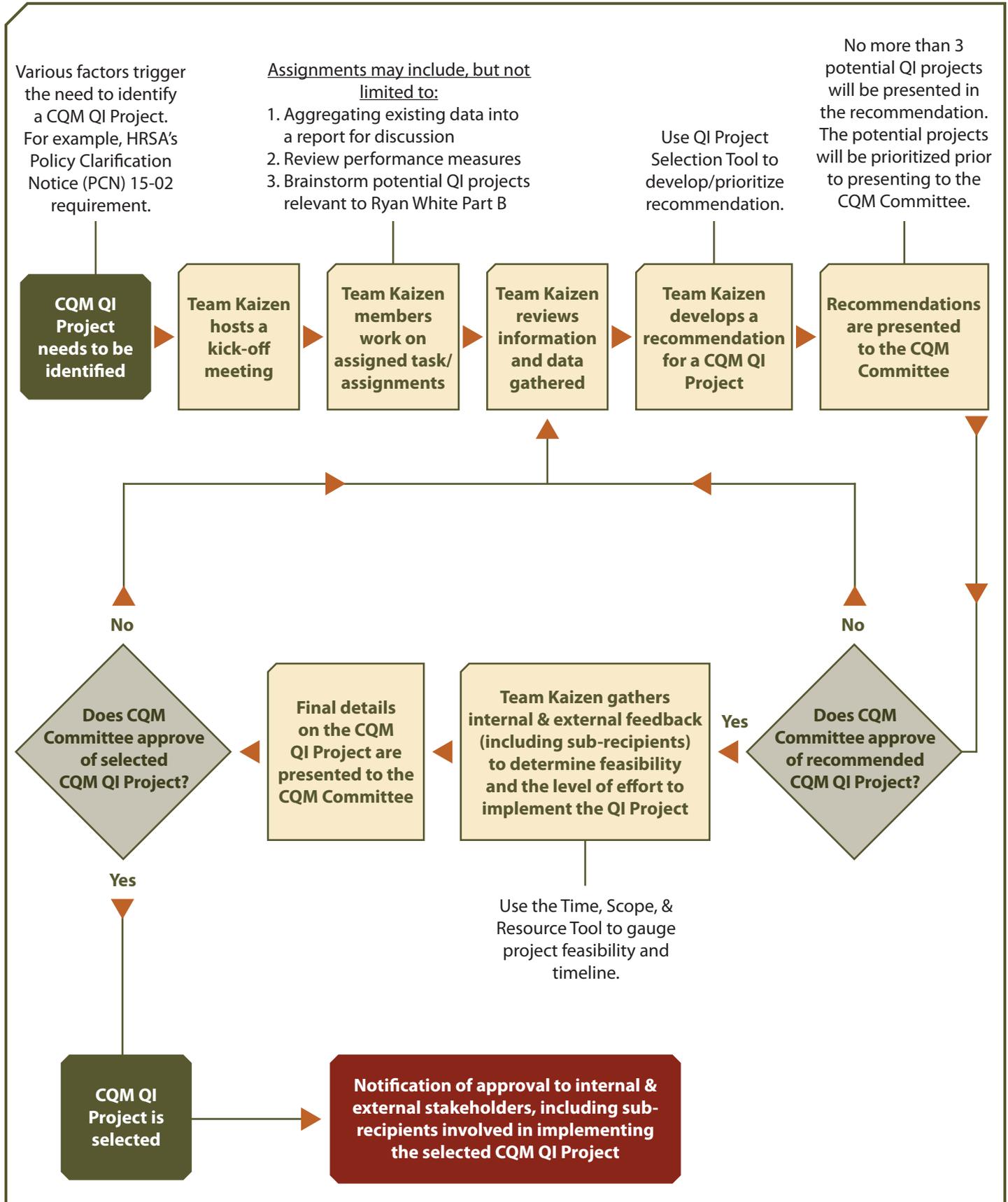
Sub-recipients who provide direct services and also contract with service providers

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Alameda County Public Health Department 2. Kern County Department of Public Health 3. Marin County Health and Human Services 4. Monterey County Health Department 5. Plumas County Public Health Agency 6. Riverside County Department of Public Health | <ol style="list-style-type: none"> 7. San Bernardino County Department of Public Health 8. San Diego County Health and Human Services Agency 9. Santa Clara County Public Health Department 10. Santa Cruz County Health Services Agency 11. Tulare County Health and Human Services 12. Santa Rosa Community Health Centers |
|---|--|

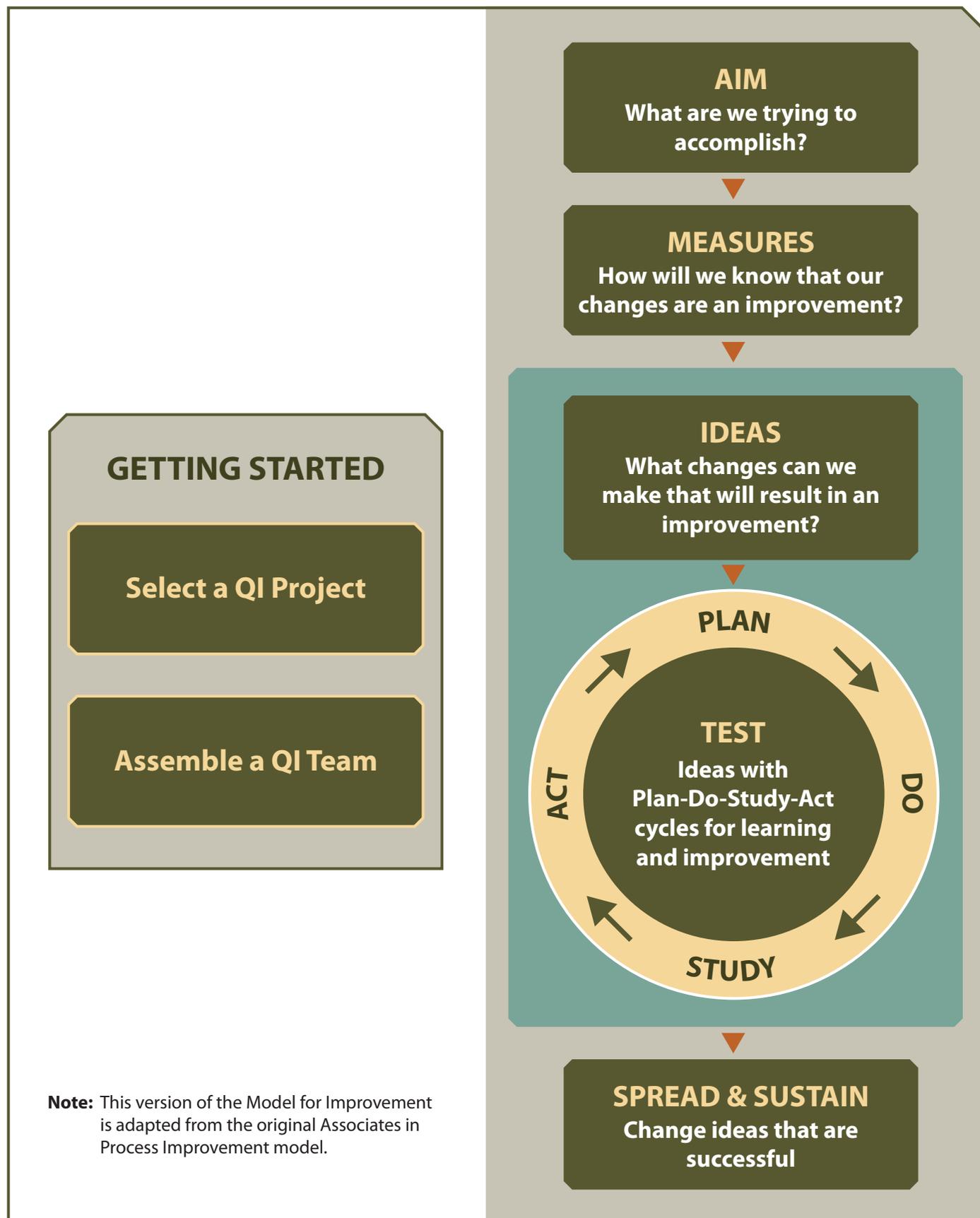
Appendix B: HCP Sub-Recipients' Minimum CQM Requirements by Track



Appendix C: Process for Determining RWHAP Part B Quality Improvement Projects



Appendix D: Quality Improvement Roadmap





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